



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

INFECTION CONTROL PLAN

Effective Date: December 18, 2002

Policy #: IC-09

Page 1 of 6

I. PURPOSE:

- A. The goal of Montana State Hospital is to establish a comprehensive Infection Control Program to ensure that the organization has a functioning coordinated process in place to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers and to optimize use of resources through a strong preventive program.
- B. The Infection Control Program at this hospital incorporates the following on an ongoing basis:
 - 1. Surveillance, prevention and control of infections throughout the organization.
 - 2. Develop alternative techniques to address the real and potential exposures.
 - 3. Select and implement the best techniques to minimize adverse outcomes.
 - 4. Evaluate and monitor the results and revise techniques as needed.

II. POLICY:

The Infection Control Program at Montana State Hospital, which allows for a systematic, coordinated and continuous approach is guided and implemented by:

- A. OSHA regulations and pertinent federal, state and local regulations pertaining to infection control are implemented and followed.
- B. Inservice education for ALL employees with particular emphasis on proper use of personal protective equipment (PPE) for personnel at risk of accidental exposure to blood and/or body fluids. In addition, emphasis is placed on educating staff regarding TB and its mode of transmission.
- C. Surveillance will include nosocomial infections among patient and personnel when possible. Targeted studies will be conducted on infections that are high risk, high volume at this hospital. Surveillance by objective will be done on an as needed basis.

- D. Monitoring and evaluation of key performance aspects of infection control surveillance, prevention and management which are:
 - 1. Device related infections.
 - 2. Antibiotic resistant organisms.
 - 3. Nosocomial TB.
 - 4. Other communicable diseases.
 - 5. Employee health trends.
- E. Continuous collection and/or screening of data to identify potential infectious outbreaks.
- F. Participate in an organizational proactive education program in an effort to reduce and control spread of infection.
- G. Facilitate a multidisciplinary approach to the prevention of control of infections.
- H. Utilize sound epidemiologic principles and nosocomial infection research from recognized authoritative agencies.
- I. Collaboration with all organizational policies and procedures impacting the prevention and control of infection.
- J. Interact with and report to governmental agencies.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. Residents of Treatment Units are responsible for maintaining a safe and clean living area.
- B. Nursing Staff are responsible for being familiar with Infection Control policies and procedures.
- C. Infection Control Nurse is responsible for following policies and procedures related to Infection Control and updating as needed.
- D. Hospital Administration is responsible for supporting the Infection Control Practitioner and the Infection Control Coordinating Group, by supporting efforts to prevent and control the spread of infection.
- E. Director of Quality Improvement is responsible for review and assistance in performance improvement activities related to Infection Control.

V. PROCEDURE:

- A. When evaluation identifies an area of concern, a specific problem, or an opportunity for improvement, a corrective action plan will be formulated. The corrective action plan is collaborative in nature.
- B. When problems or opportunities for improvement are identified, actions taken/ recommended will be documented in the Montana State Hospital Infection Control Coordinating Group minutes. Minutes are forwarded to Director of Quality Improvement for review and assistance in resolution as necessary.
- C. If immediate action is necessary, the Montana State Hospital Infection Control Coordinating Group, or its designee, has the authority to institute any surveillance, prevention and control measures if there is reason to believe that any patient or personnel is at risk.
- D. The Infection Control Coordinating Group/Infection Control Practitioner have the responsibility for infection control activities throughout the facility. This committee is governed by a physician having knowledge of infection control practices and performance improvement methodologies and guides the committee on decisions for improvement of care through the prevention and control of infections.
- E. The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis is assigned to the Infection Control Practitioner.
- F. Hospital personnel and medical staff members share accountability in reporting of isolation cases, suspected infection and reports of positive cultures to the Infection Control Practitioner. There is collaboration between departments as well as the Infection Control Practitioner to identify any nosocomial trends or pattern that may occur, or opportunities to improve outcomes in the reduction and control of infections.
- G. Hospital personnel and residents of treatment units are advised that food and beverages other than water, need to be consumed and stored in designated areas of the treatment units. No food or beverages other than water can be stored or consumed in patient rooms unless indicated by treatment restrictions (eg: patient is in seclusion).
- H. The Infection Control Office will:
 - 1. Review positive cultures. All positive cultures are investigated and categorized as to:
 - a. Cluster of pathogens,
 - b. Location involved, and
 - c. Personnel/medical staff involved.

2. Review and do an evaluation of confirmed infectious cases to assure correct implementation of blood and body fluid barriers as appropriate. Periodic observation of nursing units to assure maintenance of standard precautions on all patients.
3. Complete Quarterly Infection Control Inspections: See attached sample of observation sheet used (Attachment A – this form may change based on needs of Infection Control Practitioner).
4. Review of hazardous waste management and disposal throughout the facility.
5. Participate in product evaluation.
6. Report to governmental agencies.
7. Interact with the Hospital's quality improvement programs: The Quality Improvement Program is recognized as an integral element in the hospital's performance improvement effort.
 - a. Key performance aspects are related to high volume, frequent infectious complications, high potential for adverse patient outcome, and substantial potential for prevention.
 - b. Epidemiologically important and antibiotic-resistant organisms.
 - c. Nosocomial tuberculosis and other communicable diseases, particularly vaccine preventable infections.
 - d. Personal health trends
8. Identify and track key performance measures related to process and outcome in an effort to continuously improve the management of nosocomial infections throughout the organization, include, but are not limited to:
 - a. Comprehensive periodic surveillance (baseline rates established) outcomes.
 - b. Clustering of nosocomial infections.
 - c. Bacteremias.
 - d. Unusual bacteria.
- I. Staff Development and the Infection Control Practitioner will offer personnel health inservice education related to infection control practices to ensure a safe environment for patients and personnel.
- J. The Director of Quality Improvement supplies information to the Infection Control Practitioner involving potential epidemiological issues.

- K. The Infection Control Practitioner also supplies the Director of Quality Improvement with information that may be useful in identifying potential quality problems throughout the hospital.
 - L. The link between performance improvement and infection control activities is information gathering and clinical analysis. Both are designed to identify patterns of patient care events that lead to suboptimal outcomes, thus identifying areas where patient care may need improvement.
 - M. Interaction with patient care function: The purpose of interacting with the patient care function is to enhance communication and to identify potential infection in patients and staff.
 - N. Interaction with the Safety Management Team: The Safety Officer shall be appraised of possible infectious issues that are potentially hazardous to patients and staff.
 - O. Monitoring the results of the Infection Control Program allows the hospital to determine if the techniques already in effect are working well, or if changed conditions (internal or external) require new or revised techniques. The process of monitoring provides control and coordination of the Infection Control Program and also causes the infection control process to renew itself through new information.
 - 1. Monitoring is achieved through:
 - a. Committee interaction, especially the Infection Control Coordinating Group.
 - b. Daily job functions of the Infection Control Practitioner.
 - c. Comparisons of current statistical information and historical data and benchmarking.
 - d. Policy and procedure reviews; future surveys and inspections, internal and external.
- VI. REFERENCES:** Surveillance Prevention and Control of Infection, Medical Consultants Network.
- VII. COLLABORATED WITH:** Director of Quality Improvement, Safety Officer, Director of Nursing Services
- VIII. RESCISSIONS:** Policy #IC-09, *Infection Control Plan* dated February 14, 2000; HOPP #8-01C.080074, *Infection Control Program*, dated August 1974.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. REVIEW AND REISSUE DATE:** December 2005

INFECTION CONTROL PLAN	Page 6 of 6
-------------------------------	--------------------

_____/_____/_____
Thomas Gray, MD Date
Medical Director

INFECTION CONTROL INSPECTION (CHECKLIST)

LOCATION: _____ **DATE:** _____

Cleanliness/Infection Control	Exception	Description
Rooms are clean No visible dust on surfaces		
Nothing should be stored on floors		
Room doors close securely/tightly		
Vents are clean with no visible dust		
Holes, dings in the wall have been repaired		
Curtains/blinds on windows are clean		
Floors are clean		
Toilets flush		
Adequate amount of soap and paper towels at each sink		
Waste bins are available in all rooms		
Refrigerators clean/items dated		
Refrigerator Temperature charts up-to-date		
Sharps containers are ready for use		
Red hazardous waste bins are available on every unit		
Black hazardous waste bins are located in soiled utility room and are covered appropriately		
Soiled linen is disposed of properly		
No food items in patient rooms		
Showers have been activated and the shower head is in place with no visible mold		
Janitor closet and trash chute area are clean		